

EPHEDRINE/PSEUDOEPHEDRINE SALES TRACKING Form
I.C. 35-48-4-14.7 requires retailers to ensure that this form is completed.

Business Name: _____ **Address:** _____ **City:** _____ **County:** _____

You may only purchase **3.6 grams (3,600 milligrams)** of Ephedrine/Pseudoephedrine or less per day **AND** a total of **9 grams (9,000 milligrams)** in 30 days. This includes pill and or liquid form. By signing you affirm that you are at least 18 years of age, and the information you have provided is true and accurate. **Government ID's are not to include Social Security numbers.** Retailer must maintain completed log sheets for two (2) years for law enforcement review.

WARNING: A purchaser entering false statements or misrepresentations in this logbook shall be subject to criminal penalties under 18 U.S.C. 1001, including a maximum fine of up to \$250,000 or imprisonment of up to five years, or both.

ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
<i>DL: 0202-46-1234 IN</i>	<i>03/31</i>	<i>10:00 a.m.</i>	<i>Doe</i>	<i>John</i>	<i>1234 Main Street</i>	<i>Terre Haute</i>	<i>IN</i>	<i>mwm</i>
Sign Here: <i>John Doe (EXAMPLE)</i>			Product Brand Name: <i>ABC Sinus Tablets</i>	INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED: <i>24</i>		INDICATE MILLIGRAM OR MILLILITER STRENGTH: <i>30 MG</i>		
ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
Sign Here:			Product Brand Name:	INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:		INDICATE MILLIGRAM OR MILLILITER STRENGTH:		
ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
Sign Here:			Product Brand Name:	INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:		INDICATE MILLIGRAM OR MILLILITER STRENGTH:		
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